

http://www.kokomotribune.com/news/aca-round-marketplace-enrollment-began-saturday-for/article_29625788-6d37-11e4-81ed-1fc0a5a1dc34.html

Legend:

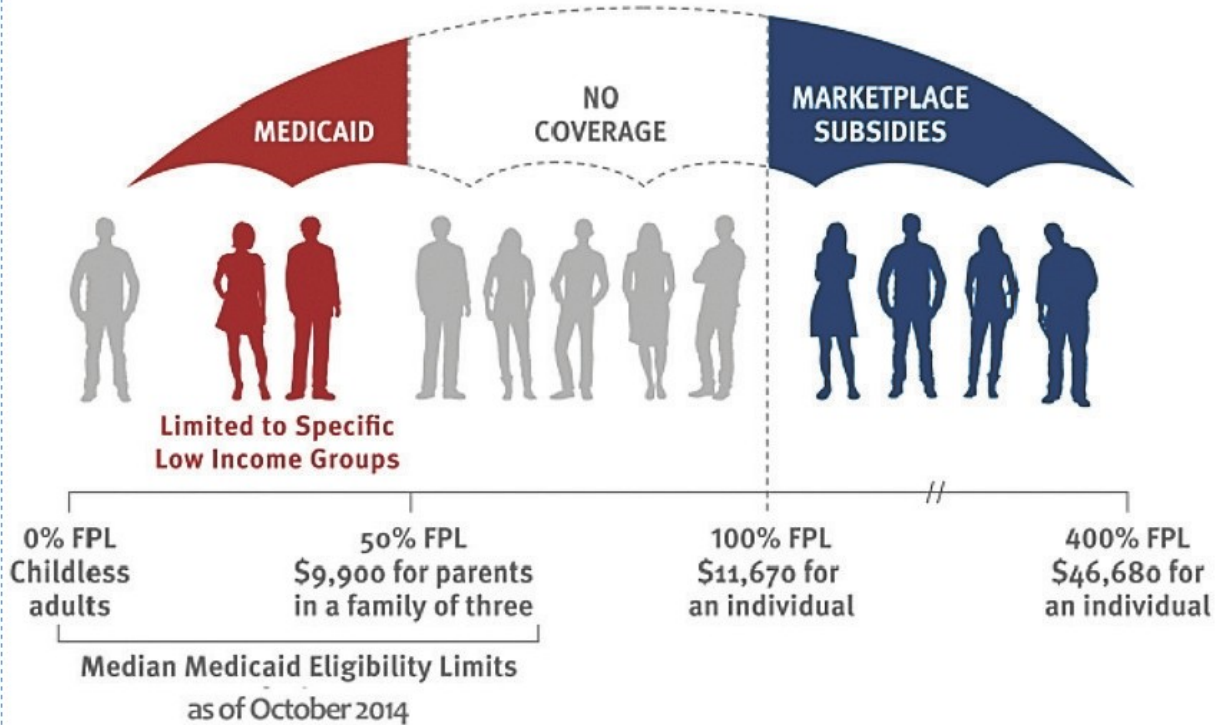
- Federally-facilitated
- Partnership
- State-based

- **Marketplace Type:** Federally-facilitated
- **Total Number of Individuals Determined Eligible to Enroll in a Marketplace Plan:** 229,815
- **Number of Individuals Eligible to Enroll in a Marketplace Plan with Financial Assistance:** 155,961
- **Determined or Assessed Eligible for Medicaid/CHIP by the Marketplace:** 94,495
- **Number of Individuals Who Have Selected a Marketplace Plan:** 132,423

ROUND 2: On Saturday, the second-ever enrollment period for the historic Affordable Care Act, otherwise known as “Obamacare,” began.

Coverage gaps:

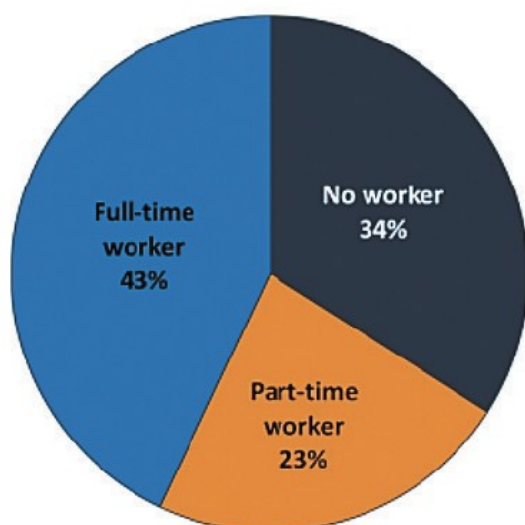
In states that do not expand Medicaid under the ACA, there will be large gaps in the coverage available to adults.



COVERAGE GAPS: As of October 2014, 23 states were not expanding their programs. Medicaid eligibility for adults in states not expanding their programs is quite limited: the median income limit for parents in 2014 is just 50 percent of poverty, or an annual income of \$9,893 a year for a family of three, and in nearly all states not expanding, childless adults will remain ineligible.

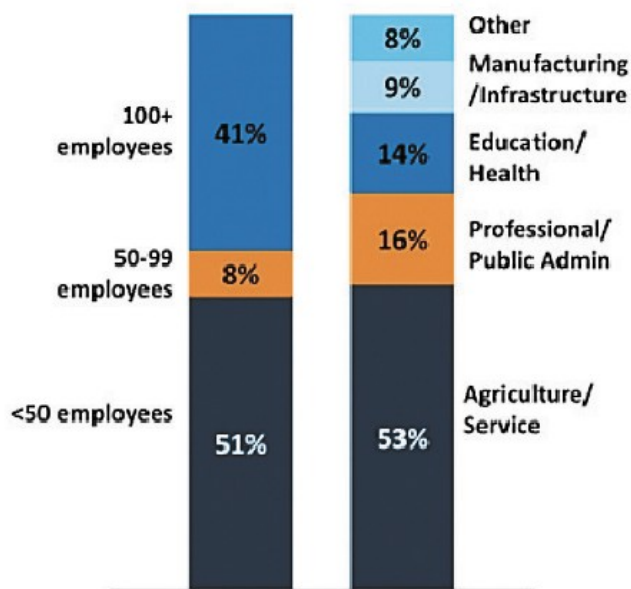
Work status of adults in the coverage gap:

FAMILY WORK STATUS



Total = 4 million in the coverage gap

FIRM SIZE AND INDUSTRY OF THOSE WORKING

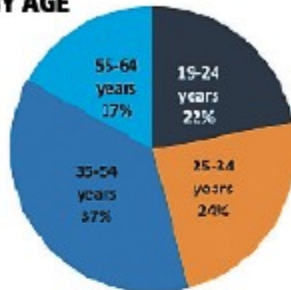


Total = 2 million in the coverage gap

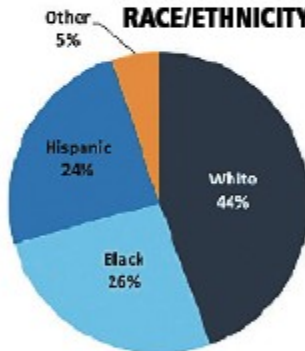
WORK STATUS: Two-thirds (66 percent) of people in the coverage gap are in a family with a worker, and 54 percent are working themselves.

Demographics of adults in the coverage gap:

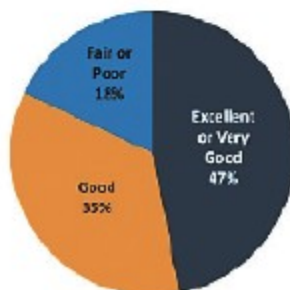
DISTRIBUTION BY AGE



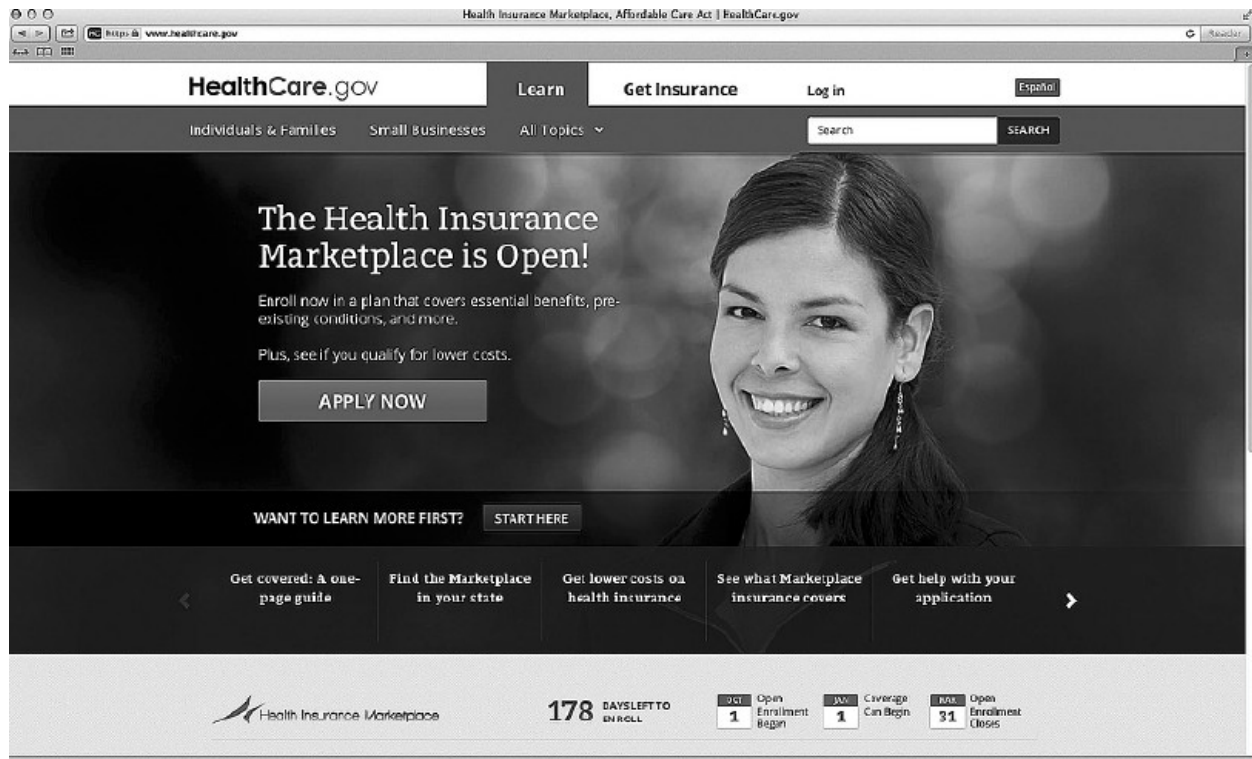
DISTRIBUTION BY RACE/ETHNICITY



DISTRIBUTION BY HEALTH STATUS

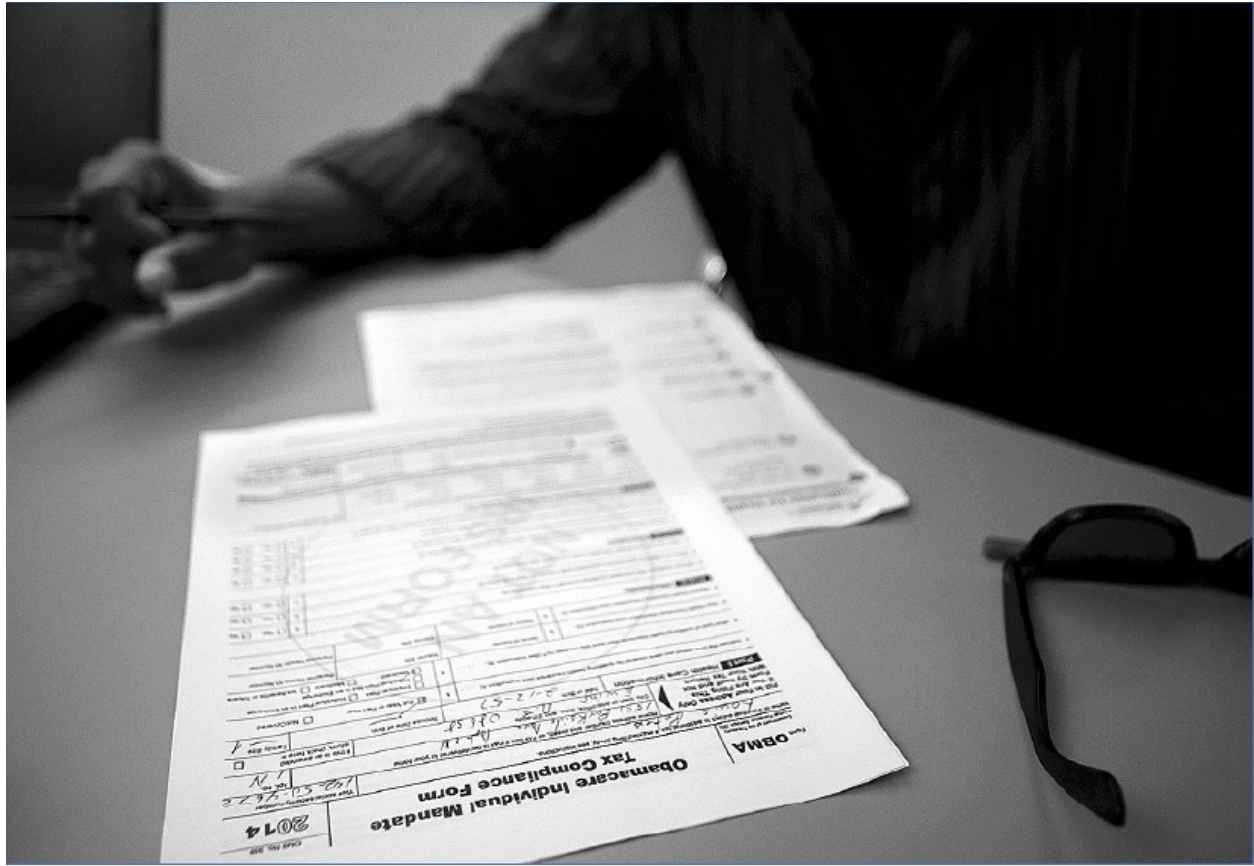


THE GAP: While nearly half of people in the coverage gap report that their health is excellent or very good, nearly a fifth (18 percent) report that they are in fair or poor health. These individuals have known health problems that likely require medical attention. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases. When they do seek care, the uninsured often face unaffordable medical bills.



AP Photo/HHS

WEB PAGE: This photo provided by the United States Department of Health and Human Services shows the main landing web page for HealthCare.gov. The government's new health insurance marketplaces are drawing lots of rotten tomatoes in early reviews. But people are at least checking the things out. According to an AP-GfK poll, 7 percent of Americans report that somebody in their household has tried to sign up for insurance through the health care exchanges. While that's a small percentage, it could represent more than 20 million people.



AP Photo/Mel Evans

PAPERWORK: Louis Peters fills out papers at the Henry J. Austin Health Center, in Trenton, N.J., Oct. 1, 2013, to sign-up for new plans through a health insurance exchange. The exchanges are being launched in every state as a key part of President Barack Obama's health insurance overhaul.



AP Photo/Jon Elswick, File

UPDATES: This Nov. 29, 2013, file photo shows a part of the HealthCare.gov website, photographed in Washington. If you have health insurance on your job, you probably don't give much thought to each year's renewal. But make the same assumption in one of the new health law plans, and it could lead to costly surprises. Insurance exchange customers who opt for convenience by automatically renewing their coverage for 2015 are likely to receive dated and inaccurate financial aid amounts from the government, say industry officials, advocates and other experts.

ACA: Round 2

Marketplace enrollment began Saturday for 2015

By Rob Burgess
Tribune night editor

On Saturday, the second-ever enrollment period for the historic Affordable Care Act, otherwise known as “Obamacare,” began. This time around, those with no health insurance will have until Feb. 15, 2015, to decide whether to seek coverage through the federally administered marketplace. In a series of phone interviews this week, local navigators, counselors and hospital workers said consumers have every reason to educate themselves before making a decision.

“We’re always happy to see more individuals with coverage because they get better care, more appropriate care, if they are covered,” said Georgiana Reynal, system director of Advocacy and Government Affairs at St. Vincent Health. “So, that is a very good thing.”

But, as Reynal pointed out, only 132,423 Hoosiers signed up for the Marketplace during the last enrollment period.

“There are still a lot of folks out there who have yet to be covered,” she said.

Sherry Rahl, executive director of Project Access, is a licensed health navigator in the state of Indiana. She said during the last open enrollment period Project Access had assisted around 750 people go through the Marketplace. She said consumers need to be aware of the tax credits available to assist in the cost of plans. She also said those who did sign up

last time around and experienced a qualifying life event needed to update their existing coverage.

"You should consider getting with a licensed health navigator on anything that you think you have questions about," she said. "There is still a lot of people who do not know that they need to inform the Marketplace when they have an increase in wages at the job, an increase in hours on the job, because it's going to mean more income. ... If they had a divorce, that needs to be reported. If they got married, if they're having a baby. Adding to the household. Subtracting from the household income. That's a big deal on the Marketplace."

Website failures, a confusing rollout and a comparably limited list of available insurance providers left many consumers feeling dissatisfied by their experience during the last enrollment period.

Jerry Kilgour of Kokomo was one of those consumers. He said he turned to the Marketplace after the cost of his employer-provided health insurance had skyrocketed.

"They just increased the price by well over 300 percent," he said. "I could absolutely not afford it. I had no choice but to look at the Exchange."

Though he found the website confusing, it "wasn't really the problem." Kilgour said he took a chance and signed up for a Marketplace plan from the same carrier he had been with previously. Though the provider may

have remained the same, the difference between what the two plans did and did not cover varied drastically.

“It is an absolute disaster for me,” he said. “I have not been able to find a doctor since then. ... I lost my family doctor of over two decades. We lost access to our entire health care network that we worked with for decades. They sent me a registered letter after they found out that I had gone with the exchange and basically said, ‘Don’t come here anymore. We’re not going to treat you.’”

Rahl said she had encountered people just like Kilgour both on and off the clock.

“I’ve actually been caught in the grocery store before with people saying, ‘Hey, I’m not satisfied with the doctors that I got put with and I have to change everything. What do I do now?’ Well, the only thing that they could do is ... meet with us so that we can sit down and talk about what they truly want and desire and try to help them navigate through that maze so that they can get to where they want to be,” she said.

Reynal said insurance carriers in the Marketplace have a tendency to stick to a narrower network, which has caused problems.

“If your provider of choice, your physician or your hospital is not contracted with a specific insurance product, that individual won’t be covered by that insurance product,” she said. “So it is very important to look for your

provider as you assess your options and make sure they are covered. I do think last year there was a lot of confusion about that. A lot of the provider directories weren't very clear or easy to navigate, so we're hoping that will be improved this year."

Nemramy D'Agostino, certified application counselor with Indiana Health Centers, said consumers should also be aware of the different networks associated with primary care physicians and specialists.

"I know last year some people had their specialist on one carrier and their PCP on the other carrier, so that would create a dilemma on ... what insurance company or insurance plans to choose," she said.

She said a consumer she helped to guide through the process dealt with this conundrum by prioritizing doctors.

"The consumer chose her specialist because that's the one that she likes," said D'Agostino. "She said it wouldn't be a problem to change the PCP."

Reynal said a doubling in the number of insurance providers available in the Exchange this time could help alleviate some of these types of inconsistencies.

"Last year, there were only four insurance providers on the Marketplace, and this year we have eight insurance carriers," she said. "That has resulted in a lot more plans that are available for folks to choose from."

Another change involves the coverage gap between those covered by Medicaid and those eligible for subsidies in the Marketplace. The Healthy Indiana Plan (HIP) ended enrollment July 31, and Indiana is one of 23 states that has opted not to expand Medicaid.

“For this year’s [ACA] enrollment, anybody 100 percent federal poverty level up to 400 percent federal poverty level will have options of getting health insurance through that Marketplace,” said Rahl. “And with HIP, since the state of Indiana opted not to expand Medicaid, we had an alternative. And that was able to help those 100 percent or below have insurance.”

Meanwhile, Gov. Mike Pence still is waiting to hear back from the federal government regarding his HIP 2.0 application.

“At this time there is no option for health insurance ... for anybody that is 100 percent federal poverty level and below,” said Rahl. “So, we do have a gap in the state of Indiana in that arena.”

Even with all these issues, Reynal said she is optimistic the Exchange will run much more efficiently this time around. She said consumers with questions shouldn’t hesitate to ask for help.

“It was brand new last year,” she said. “We do expect things to move more smoothly this year. As we know, even people that are able to choose coverage through their employer, it’s not always easy. Choosing insurance

is complicated. Individuals that go through the marketplace, they have a lot of choices to make. And if they haven't had insurance before or haven't had it lately, there might be some terms they're not familiar with. It's important for folks if they do have questions to reach out and get the help that they need so they make sure there is a right plan for them."

Rob Burgess, Tribune night editor, may be reached by calling 765-454-8577, via email at rob.burgess@kokomotribune.com or on Twitter at twitter.com/robaburg.

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Where to find help

This is a partial list of resources available to consumers who need more information about the Marketplace:

Online:

- www.healthcare.gov
- indiana.gov

By phone:

- 2-1-1 — An accredited comprehensive information and referral that provides service to Howard, Tipton, Miami and Cass counties through the United Way of Howard County.

- 765-864-4160, Ext. 4202 — Nemramy D'Agostino, certified application counselor, Indiana Health Centers, said she is available to meet with consumers who have questions both during business hours and nights and weekends, by appointment.

- 765-854-0544 - Project Access